

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	09-JUN-2018	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609		280	0225	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE		
				STREET		<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE		
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT?	
	02432	JB299217			720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:	MEMBER WAS?	ASSIST UNITS ON SCENE?
	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> ARTIFICIAL	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input checked="" type="checkbox"/> FOOT	<input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS			<input type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SUBJECT INFORMATION	RANK	LAST NAME		FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE
	9181	CARBY		JOHN		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	1	63
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY		SUBJECT INJURY BY MEMBER'S USE OF FORCE?	
	04-OCT-1999	002 212r	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	
SUBJECT'S ACTIONS	LAST NAME		FIRST NAME		M.I.	SEX	RACE	D.O.B.
	JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	1976
	ADDRESS		TELEPHONE NO.		CONDITION		OTHER (Specify)	
					<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Mental Illness / Emotional Disorder			
MEMBER'S RESPONSE	MEDICAL TREATMENT?		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE?			
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input checked="" type="checkbox"/> Performed by CFD EMS ST. BERNARD		<input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal			
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY) HAND/ARM/ELBOW STRIKE KNEE/LEG STRIKE MOUTH/TEETH/SPIT PUSH/SHOVE/PULL <input checked="" type="checkbox"/> GRAB/HOLD/RESTRAIN WRESTLE/GRAPPLE OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM			
	<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: BLUNT OBJECT KNIFE/CUTTING INSTRUMENT EXPLOSIVE DEVICE CHEMICAL WEAPON REVOLVER OTHER (DESCRIBE) TASER/STUN GUN RIFLE SEMI-AUTO PISTOL SHOTGUN		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member					
WEAPON DISCHARGE	SUBJECT ACTIVITY		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		MANNER OF ATTACK?		Struck/Blunt Force (Including Attempt)	
	Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Shot/Shot At <input checked="" type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)			
	TYPE OF ACTIVITY?		<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input checked="" type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Disturbance - Other <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Pursuing/Arresting Subject Charge: _____ IUCR CODE: _____	
	Reason for Response? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional							
WEAPON DISCHARGE	FORCE MITIGATION EFFORTS				CONTROL TACTICS			
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID/ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER				<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> P.O. PULLED AWAY <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING			
	RESPONSE WITHOUT WEAPONS				RESPONSE WITH WEAPONS			
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE				<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER			
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE:		WEAPON SERIAL NO.		WEAPON CERT. NO.	
			<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER					
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?		WAS SUBJECT VEHICLE USED AS A WEAPON?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON			
WEAPON DISCHARGE	TASER DISCHARGE ONLY		PROPERTY INVENTORY NO.		PROBE DISCHARGE		CONTACT STUN	
	TASER DART ID NO.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED		WAS FIREARM RELOADED DURING INCIDENT?		DID MEMBER FIRE AT A VEHICLE?	
	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☐ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

EVENT#02432

IN SUMMARY RO OBSERVED OFFENDER OUTSIDE OF POLICE FACILITY KICKING AND SWINGING HIS ARMS. R.O. WENT OUTSIDE TO ASSIST P.O. SAVERSON AND P.O. ALEXANDER AT WHICH TIME THE OFFENDER AGGRESSIVELY GRABBED R.O.'S RIGHT ARM, PULLING R.O. TOWARDS HIM. R.O. THEN PULLED HIS RIGHT ARM AWAY CAUSING OFFENDER TO RELEASE R.O.'S ARM. THE OFFENDER THEN BEGAN KICKING AND SWINGING AT P.O. ALEXANDER IN AN ATTEMPT TO STRIKE HIM. AT THIS TIME TO PREVENT FURTHER ATTACK BT 221R TASED THE OFFENDER CAUSING HIM TO FALL TO THE GROUND STRIKING HIS HEAD SUSTAINING A SMALL LACERATION. EMS#36 RESPONDED TO THE SCENE. SUBJECT WAS THEN PLACED IN CUSTODY BY P.O. ALEXANDER.

REPORTING MEMBER (Print Name)
DARBY, JOHN

STAR/EMPLOYEE NO.
14283

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☐ Gun Shot ☐ HOW WAS INJURY SUSTAINED?
☒ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other
☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain) ☐ Unintentional Act by Member ☒ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES
☒ UNK
LAST NAME FIRST NAME M.I. SEX ☐ M ☐ F RACE DATE OF BIRTH
ADDRESS TELEPHONE NO. WITNESS INTERVIEW ☐ OTHER (Specify)
CHICAGO, IL ☐ INTERVIEWED ☐ NOT AVAILABLE
☐ REFUSED

WITNESS STATEMENT

REVIEWING SUPERVISOR: COMMENTS

R/SGT RESPONDED TO THE SCENE AND THERE WERE NO WITNESSES PRESENT TO BE INTERVIEWED. R/SGT ENSURED ALL APPROPRIATE NOTIFICATIONS WERE MADE. R/SGT ENSURED THE DETAILS WERE COMPLETE AND CORRECT AS WELL AS COMPLETING ALL NECESSARY REQUIRED BOXES IN THE SUPERVISOR REVIEW SECTION. R/SGT REVIEWED ALL APPLICABLE BWC FOOTAGE REGARDING THIS INCIDENT. R/SGT ENSURED ALL NECESSARY REPORTS WERE ATTACHED. R/SGT ENSURED MEDICAL ATTENTION FOR OFFENDER WAS OBTAINED. FIRED CARTRIDGE AND PRONGS RECOVERED AND INVENTORIED.
CL #1089808 OBTAINED FOR THIS INCIDENT.

ATTACHMENTS: ☒ CASE REPORT ☒ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☒ INVENTORY ☐ IOD REPORT ☒ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.
1089808

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)
BELL, CHRISTOPH

STAR NO.
2625

SIGNATURE

DATE/TIME COMPLETED
09-JUN-2018 0642

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.
	09-JUN-2018	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609		02432	JB299217
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	DARBY	JOHN			720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX
	JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F
					RACE	D.O.B.
					BLK	1976

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Transported to St. Bernards and sedated due to agitated state during medical treatment for cut to his head from fall after being tased

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

At the time of the incident R/Lt. was touring the district. R/Lt. monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/Lt. immediately responded to the scene. Sgt. Bell was on scene as well as CFD Amb. #36. The offender was observed to be strapped onto a gurney and being loaded into the ambulance. The offender was observed to be in an agitated state. The offender was transported to the hospital for removal of the Taser prongs. R/Lt. downloaded Officer Buckhalter's Taser which indicated one (1) trigger event of five (5) seconds duration. R/Lt. reviewed the BWC of PO Buckhalter #10109, PO Belcher #19965 and PO Salinas #6469. PO Darby did not have his BWC activated due to fact that he was in the station processing an arrest when he heard the commotion at the desk and went to assist. PO Buckhalter's video starts during the Taser activation without audio. PO Belcher's video starts after the deployment and the offender can be heard using profanities. PO Salinas video shows the offender sitting on the ground after the discharge. The offender is observed to be quite vocal, belligerent and non-cooperative with CFD paramedics. The offender is also noted to be spitting towards the paramedics and officers present as he was being placed into the ambulance. Based on available reports Officer Darby's use of force is minimal in that he pulled away from the offender to distance himself before the offender was Tased by Beat 221R. The R/Lt. finds the member's use of force in compliance with the Department policy and directives.

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES AUTHORIZATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☒ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW:

☐ OTHER:

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO

SIGNATURE

DATE/TIME COMPLETED

DOUGHERTY, MICHAEL P

363

09-Jun-2018 0719

TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2018-02130

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.		
	09-JUN-2018 0315	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609		02432	JB299217		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	IR NO.		
	9161	DARBY	JOHN					
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
	JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	1976

☒ LEVEL I

- ☐ Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.
- ☐ Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.
- ☐ Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.

☒ Other☐ LEVEL II

- ☐ Stunning
- ☐ Use of Taser
- ☐ Impact weapon (baton, asp, other)
- ☐ Direct mechanical strike
- ☐ OC Spray or other chemical agent
- ☐ Canine
- ☐ Impact Munitions
- ☐ LRAD

☐ LEVEL III

- ☐ Laceration requiring sutures
- ☐ Broken/fractured bones
- ☐ Injuries requiring a hospital admission
- ☐ Firearm discharge to destroy/deter an animal

☐ LEVEL IV

- ☐ Use of force involving a discharge of a firearm
- ☐ Accidental discharge of a firearm
- ☐ Striking of subject's head with impact weapon
- ☐ Application of a chokehold
- ☐ Use of force by an exempt member
- ☐ Other deadly force incident
- ☒ Other incident as determined by the Superintendent

☒ I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

REVIEW SUMMARY:

THE INVOLVED MEMBER IN THIS INCIDENT ASSISTED OTHER DEPARTMENT MEMBERS WITH A SUBJECT THAT WAS FIGHTING OUTSIDE THE 002ND DISTRICT STATION. THE SUBJECT BECAME AN ASSAILANT AND BATTERED THE INVOLVED MEMBER. THE SUBJECT WAS SUBSEQUENTLY TASED BY AN ASSISTING DEPARTMENT MEMBER. THIS TRR WAS COMPLETED FOR THE BATTERY AGAINST THE INVOLVED MEMBER.

AS PART OF THIS REVIEW, THE FORCE REVIEW UNIT REVIEWED THE TRR, TRR-I, THE CASE REPORT, THE ARREST REPORT AND BODY-WORN CAMERA VIDEO CAPTURED FROM P.O. LISA BUCKHALTER #1064, PO PATRICIA SALINAS #121814, AND PO BELINDA BELCHER #104073.

SECONDARY RD NO. GENERATED? ☒ NO ☐ YES

RD NO.:

U NO. OBTAINED? ☒ NO ☐ YES

U NO.:

OPINIONS AND RECOMMENDATIONS

OPINIONS AND RECOMMENDATIONS:

MEMBER ADVISEMENT (INVOLVED MEMBER):

IN THE 'MEMBER'S RESPONSE' PORTION OF THE TRR, THE INVOLVED MEMBER CHECKED THE 'OTHER' BOX IN THE 'CONTROL TACTICS' SECTION AS WELL AS IN THE 'RESPONSE WITHOUT WEAPONS' SECTION, ADDING "P.O. PULLED AWAY." THESE SECTIONS OF THE TRR ARE INTENDED TO INDICATE FORCE WHICH WAS APPLIED BY THE INVOLVED MEMBER ON THE SUBJECT. A MORE APPROPRIATE LOCATION TO CITE THAT THE INVOLVED MEMBER PULLED AWAY WOULD BE IN THE 'FORCE MITIGATION EFFORTS' SECTION OF THE TRR OR SIMPLY STATING IT IN THE NARRATIVE. IT SHOULD BE NOTED THAT THE CURRENT TRR INSTRUCTIONS DO NOT SPECIFY THE PURPOSE OF EACH SECTION AND BOX.

THE FORCE REVIEW UNIT HAS NO RECOMMENDATIONS AT THIS TIME REGARDING THIS INCIDENT.

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:

☒ NO ADDITIONAL TRAINING RECOMMENDED

☐ ADDITIONAL TRAINING RECOMMENDED

☐ COMPLAINT LOG NO. RECOMMENDED

☐ SUBJECT TO A CURRENT COPA COMPLAINT
INVESTIGATION. CL NO.:

☐ REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS

☐ INDIVIDUAL DEBRIEFING WITH
SUPERVISOR

☐ REVIEW STREAMING VIDEO

☐ REVIEW DEPARTMENT DIRECTIVES

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ STRESS REDUCTION SEMINAR

☐ OTHER:
(DESCRIBE)

EDUCATION AND TRAINING DIVISION ACTIONS

☐ TACTICS TRAINING

☐ EQUIPMENT/WEAPONS TRAINING

☐ FORCE MITIGATION TECHNIQUES

☐ USE OF FORCE POLICY/LAW REVIEW

☐ OTHER: (DESCRIBE)

REVIEWING MEMBER: (Print)

NOMELLINI, MATTHEW

STAR NO.

SIGNATURE

DATE/TIME

15-JUN-2018 1113

APPROVING SUPERVISOR COMMENTS:

☐ COMPLAINT LOG NO.
OBTAINED

CL NO:

DATE/TIME

OBTAINED:

APPROVING SUPERVISOR: (Print)

BLYSKAL, DAVID M

STAR NO.

1122

SIGNATURE

DATE/TIME

15-Jun-2018 1208

FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW:

☐ 30-DAY ADMINISTRATIVE DUTIES

☐ EAP REFERRAL

☐ OTHER:
(DESCRIBE)

APPROVED BY: (Print)

STAR NO.

SIGNATURE

DATE/TIME

